KANTANG INFORMATIONS PROMETIMES OF MENOLOGICAL INCEPTATION COMMENSION WITH ONE CITALS

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Reporting Information	FOR OFFICE USE ONLY	
Year: July 1, 2014 through December 31, 2014		- W AASP
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Client Information		
Name: John Jay College/CUNY		
Permanent Business Address: 524 West 591	n street	
	State: New York ZIP code:	
City: New York	SIGIG. NEW TORK	. 10019

Entity Name:				
Entity Address:			}	
City:	State:		ZIP code:	TO PERSON
Phone:		·		
State Person with the Requisite Involvement in	the Entity:			
Last name:	First name:			
State Person's Agency or Legislative Body of E	Employment:			**************************************
Public Office Address:				
City:	State:		ZIP code:	
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Agency or Legislative Body of Employment:	: NYPD		
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City: New York	State: Ne	w York	ZIP code: 10033
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correct, and complete to the best of	of my knowledge and	belief.	
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A SIGNATURE (
PRINT NAME: LAST TRAVIS	FIRST	Teremy	
Mark One: Chief Administra		ignee(Attach Letter)	



Marking Instructions: Please type or use blue or black ink pen.

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| Reporting Information

Year: 2014 Tily 1 - December 3/

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Il Client Information

Business Relationship with a State Instructions: Fill out this section only if the Relationsh	Person p is with a State Person.	. If the Relationship i	s with an Entity, skip this sec	fio
State Person Last Name: Feldman		on First Name: 0		
Agency or Legislative Body of Employment: Office	ce of the New Yor.	k State Camptro	ller	
Public Office Address: 10 State Street		(T)		
City: Albany	State: N	7	IP code: 12236	
Phone: 578-486-9840		W	* .	
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V Declaration				
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declare under penalty of perjury that the correct, and complete to the best of my k	information control in the contro	tained in this re elief.	port is true,	
X SIGNATURE:		22-14	1	

TRAVIS

Chief Administrative Officer

PRINT NAME: LAST

Mark One:

FIRST Jeremy
O Designee (Attach Letter)

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Year: July 1, 2014 - December 31, 2014

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Client Information				
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Phone:				•
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Entity Address:			·	
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involveme	ent in the Entity:	5) F		
Last name:	First name:			
State Person's Agency or Legislative Body	of Employment:		*	
Public Office Address:			n g	
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city: Brony	State:	NY 7	IP code: 10:453
Phone: 718 590 2192			
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This Declaration must be signed by the Ch	ief Administrative Officer. If	the Chief Administra	tive Officer, for any
reason, does not sign, he/she must duly de	signate another person to si	ign this Declaration.)	(See Instructions.)
I declare under penalty of perjury			port is true,
correct, and complete to the pest	of my knowledge and b	pelief.	The state of the s
X SIGNATURE:	DATE:	12-22-14	arana a fi a la l
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Mark One:	<u></u>	nee(Attach Letter)	

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NY STATE CLIENT BUSINESS RELATIONSHIP FORM Marking Instructions: Please type or use blue or black ink pen Completely fill in one circle. THE STATE OF THE PARTY OF THE P Print legible numbers and block letters, no script. FOR OFFICE USE ONLY Reporting Information Year: July 1, 2014 - December 31, 2014 Fill in circle if amendment O II Client Information Name: John Jay College/CUNY Permanent Business Address: 524 W.59th Street ZIP code: 10019 City: Phone: III Business Relationship with an Entity instructionship is with an Entity of the Relationship is with a State Person skip this section instructions: Entity Name: Entity Address: State: City: Phone: State Person with the Requisite Involvement in the Entity: First name: Last name: State Person's Agency or Legislative Body of Employment: Public Office Address: City: Phone: Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: Description of Business Relationship(s): Compensation (Actual or Anticipated): Expenses (Actual or Anticipated): Total Compensation and Expenses (Actual or Anticipated):

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Med Addendum Sheet for Sections III and IV

is the following addendum pages as continuation for the specified sections: If additional space is needed, please the acopy of this sheet.

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Public Office Address: 198 E, 161st	St	reet		(F)] 	· compression	-Nonema com	haccorrectors from the
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Public Office Address:	325 HUDSON	N STREET			
City: NEW Y	ORK	State: N	. 7.	IP code: 100/	3
Phone: 646 -	230-1246	·			
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Permanent Business Address: City: A M	524 W. 59 Sheet State:	NY ZIP. GOIDE: 100/9
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Marking Instructions: Please type of use blue or black ink pen.
Completely fill in one circle
Print legible numbers and block letters; no script.

		FOR OFFICE	ISE ONLY	
! Reporting Information	2156	TOR OFFICE		
Year: July 1, 2014 - December	21- , 2014	R	ECEIVED JAN 15	2015
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Il Client Information	* *************************************			
Name: John Jay College / C	7			
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City: New York Phone:	er benerer i ninder i er i rinder græde græde fræde bleverer		and the second s	
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Phone:			er Tanganan menganan di berangan di beranggan	e e e e e e e e e e e e e e e e e e e
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Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

ections: Fill out this section only if the Relational fill out Section III.	onship is with a State Person. If the Relationship is with an Entity, skip this section
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Agency or Legislative Body of Employment:	Nassau County Police Dept
Public Office Address: 1490 Fra	Flin Ave
City: Mincels	State; 🕢 7 ZIP code:
Phone: 514-573-7000	r.
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I declare under penalty of perjury tha	t the information contained in this report is true,
correct, and complete to the best of I	ny knowledge and belief.
X SIGNATURE:	DATE: 12-22-14
PRINT NAME: LAST TRAVIS	FIRST Jeremy
Mark One: Schief Administrativ	

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Year:	Jula	2014		£ [31	2014	

RECEIVED JAN 1 5 2015

Fill in circle if amendment () HAND DELIVERED Il Client Information John Jay College / Cury
524 West 59 th Name: Permanent Business Address: New York, City: ZIP code: 16014 Phone: lli Business Relationship with an Entity naturions: Hisourthis section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV. Entity Name: Entity Address: City: State: ZIP code: Phone: State Reison with the Requisite involvement in the Entity: Last name: First name: State Person's Agency or Legislative Body of Employments Public Office Address: City: State: ZIP code: Phone: Check here it using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: Description of Business Relationship(s): Compensation [Actual or Anticipated]: .00 Expenses (Actual or Anticipated): .00 Total Compensation and Expenses (Actual or Anticipated): .00 Beginning date of Business Relationship (Actual or Anticipated): Month: Year: End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year: Check here if using addendum sheet for additional Relationship(s) with different Entity/Entitles: 0

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I declare under penalty of perjury that it correct, and complete to the best of my	ne information contained i knowledge and belief.	n this report is true,

TRAVIS

Experies Administrative Officer

PRINT NAME: LAST

Mark One:

O Designee (Atlach Letter)

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WINDS A

l Reporting Information

Year: Biennial Period 7/1/14-12/31/14

Fill in circle if omendment 🔘

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RECEIVED JAN 1 5 2015
HAND DELIVERED

li Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 W 59 Street

City: NY

State: NY

ZIP code: 10019

Phone: 212-237-8771

THORE: 212-257-8771				ma 58 87		
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City: NY Phone: 646-766-3223 Description of Business Relationship(s): my Civil Service title is Regional Office. Lassist not-for-profit agencies to open up residenti	Treatment Team Li ial and day program	eader, fam a Dev		10004
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declare under penalty of perjury that the information or ect, and complete to the best of my knowle	mation contai	ned in this r	eport is tr	ive.
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O Designee (Affach Leffer)

Ochiel Administrative Officer

Mark One:

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Reporting Information

Year: 2014 July 1 - December 31	RECEIVED JAN 1 5 2015
Fill in circle if amendment O	
	HAND DELIVERED
Client Information	
Name: John Jay College/Cony	
	Street
City: NY	State: UY ZIP code: 10019
Phone: 212 237 8000	
Business Relationship with an Entity 	i chi etiliye if ili e kelere e tiliy e çilerene kelere kelere etilere ile kelere i
and ill an seeion ill.	
Entity Name:	
Entity Address:	
City:	State: ZIP code:
Phone:	
State Person with the Requisite Involvement in the Entity	
Last name:	First name:
State Person's Agency or Legislative Body of Employme	nt:
Public Office Address:	
City:	State: ZIP code:
Phone:	
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Description of Business Relationship(s):	
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Compensation (Actual or Anticipated): \$.00
Expenses (Actual or Anticipated): \$.00
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End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:
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Agency or Legislative	Body of Employment:	1 .	umpers kt ion	, . J	
Public Office Address	: 328 STATE				·
City: Schenze	tady	Sto	ite: NY	ZIP co	de: 12365
Phone: 86	6750-5157		4	2.	
Description of Busines	s Relationship(s): C	hair person	Suchalogy Pro	ctice Comm	ttee WCB
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l declare under pe correct, and comp	enalty of perjury the best of	at the informati my knowledge	on contained and belief.	in this report	is true,
X SIGNATURE:	nen ha	DAI	E: 12 -22-	- 14	
PRINT NAME: LAS	TRAVIS	 FIRS	Teremu		

O Designee (Attach Letter)

Mark One:

Chief Administrative Officer

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Marking Instructions: Please type or use blue or black ink pen.

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Print legible numbers and block letters, no script.

Year: 2014 July (- D) Fill in circle if amendment •	ecomber 31	,	E	RECEIVED JAN 1 5 201 ND DELIVERED	15
Name: Martin Horn John Permanent Business Address: City: New York Phone: 646-557-4824	TAY COllege 524 W 59 St	State:	NY	ZIP code: 10019	
Instructions: Fill out this section and fill out Section Entity Name:	on <i>only</i> if the Relation on IV.	ship is with an Entity	. If the Relationship is	with a State Person, skip t	his section
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Phone:	971	sidie.	eve a	zii code.	;•
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	John IA odnimi om Ami		n.		
End date of Business Relation	iship (Actual of An	iicipatea) ii applic	dole: Monn:	rear.	

out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this sec and fill out Section III. State Person Last Name: Horn State Person First Name: Martin Agency or Legislative Body of Employment: Unitied Court System Public Office Address: 25 Beaver St City: New York State: NY ZIP code: 10004 Phone: Description of Business Relationship(s): pursuant to contract between CUNY and Unified Court System Martin Horn serves as Compensation (Actual or Anticipated): \$ 0 .00 Expenses (Actual or Anticipated): .00 50 Total Compensation and Expenses (Actual or Anticipated): .00 Month: January Year: 2014 Beginning date of Business Relationship (Actual or Anticipated): Month: December End date of Business Relationship (Actual or Anticipated) if applicable: Year: 2014 Check here if using addendum sheet for additional State Person(s): O This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief. DATE: December 1, 2014 Y SIGNATURE: PRINT NAME: LAST Mark One: Chief Administrative Officer O Designee (Attach Lefter)

Reporting information	<u> </u>	OR OFFICE USE ONL	<u> </u>
ear. July, 2014-December, 2014 If in circle if amendment O		RECEIV HAND DEL	ED JAN 1 5 2015 IVERED
Cillent Information Iome: John Jay College of Criminal Justice			en and december of the first of the second and also the second second second
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Hew York	State: NY	211	code: 10019
hone: 212.393.8000			
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etty: Ptyone:			<u>rcoas.</u>
State Person with the Requisite Involvement in th	ne Brilliv:	**************************************	
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Public Office Address:	and suppression of a construction of the suppression of the suppressio		Nadalan katalan katala
	State:	Z	Pode
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gency or Legislative Body of Employment:	Mental Hygiene Legal Services			iyaa aaaaaaaa
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City: Albany	State: New York	I ZIP	code: 12203	
Phone: 518 451 8710	, 1812-0-2-19-4-5-0-19-13-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1940b. de 2000 consessio de la consessio de la consession de la consession de la consession de la consession de		
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Compensation (Actual or Anticipated):	\$ 20,000	.00		
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Total Compensation and Expenses (Actual o	r Anticipated):	\$21000	.00	No. Company of the Co
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Beginning date of Business Relationship (Actu	Jal or Anticipated):	Month: July	Year : 2014	***************************************
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i declare under penalty of perjury the correct, and complete to the best of			ort is true,	
correct, and complete to the best of	my knowledge and belle	<i>21</i> ,		
X SIGNATURE:	DATE: 12-	-22-14		
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Transition of the second			8898	

○ Chief Administrative Officer

Mark One:

O Designee (Attach Letter)